

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
**APPLICATION FOR TRAINING CREDIT**  
(ANY AGENCY OTHER THAN THE DOCJT)

\_\_\_\_\_  
Name of Agency conducting this course

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Agency Unit Number: \_\_\_\_\_

KLEC APPROVED NO. \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_

CLASS LOCATION: \_\_\_\_\_

CLASS DATE: \_\_\_\_\_

CLASS  
HOURS: \_\_\_\_\_

	SOC. SEC. #	NAME OF TRAINEE	DEPARTMENT	GRADE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

**INSTRUCTOR STATEMENT:**

I certify that the above named police officer(s) successfully completed the above named training course.

\_\_\_\_\_  
INSTRUCTOR

\_\_\_\_\_  
DATE

**KLEC EXECUTIVE DIRECTOR:**

The above named course is approved or recognized by the Kentucky Law Enforcement Council for training credit.

\_\_\_\_\_  
KLEC EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE